

NASA Glenn Research Center Pathways Intern Employment Program Academic Status

PLEASE TYPE OR PRINT.

STUDENT NAME

COLLEGE/UNIVERSITY

CURRENT LEVEL OF EDUCATION (*Freshman, Sophomore, Junior, Senior, First or Second Year Graduate Student*)

PROJECTED GRADUATION DATE

COMPLETED ALL ACADEMIC REQUIREMENTS FOR
GRADUATION

☐ YES ☐ NO

CUMULATIVE GPA

I, THE DEAN OF THE DEPARTMENT, HAVE MET WITH THE ABOVE STUDENT AND DISCUSSED BOTH HIS ACADEMIC
STATUS AND WORK/SCHOOL SCHEDULE.

NAME OF COLLEGE/UNIVERSITY COOPERATIVE EDUCATION COORDINATOR OR DEAN OF THE DEPARTMENT (*Print name*)

SIGNATURE

DATE

NAME OF NASA SUPERVISOR (*Print name*)

SUPERVISOR SIGNATURE

DATE

NOTE: RETURN COMPLETED FORM TO PATHWAYS INTERN PROGRAM: JOHN H. GLENN RESEARCH CENTER
PATHWAYS INTERN PROGRAM
MAIL STOP 15-4
21000 BROOKPARK RD
CLEVELAND, OH 44135

PLEASE SUBMIT OFFICIAL TRANSCRIPTS WITH THIS FORM.